

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.	32	08-12-01
O.I.P.E. CLASSIFIER	SG	901	8/15
FORMALITY REVIEW	SG	1077	09/12/01
RESPONSE FORMALITY REVIEW			3/15/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/29/02
2	✓	✓	1/29/02
3	✓	✓	1/29/02
4	✓	✓	1/29/02
5	✓	✓	1/29/02
6	✓	✓	1/29/02
7	✓	✓	1/29/02
8	✓	✓	1/29/02
9	✓	✓	1/29/02
10	✓	✓	1/29/02
11	✓	✓	1/29/02
12	✓	✓	1/29/02
13	✓	✓	1/29/02
14	✓	✓	1/29/02
15	✓	✓	1/29/02
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18	✓	✓	1/29/02
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If more than 150 claims or 10 actions  
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09-13-02  
 JCS/1019  
 03-15-02